

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <i>10/596998</i>	FILING DATE
							APPLICANT(S)	
CLAIMS								
	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT			
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TOTAL IND.	/							
TOTAL DEP.	<i>32</i>	←	←	←				
TOTAL CLAIMS	<i>33</i>							

BEST AVAILABLE COPY